

423 Highland Avenue Fall River, MA 02720 P: (508) 678-2828 F: (508) 674-4218 www.CatholicSchoolsAlliance.org

Professional Faculty Employment Application

(To be used for the position of Head of School, Administrator, Assistant Administrator, Teacher, Substitute Teacher or Other Professional)

AN EQUAL OPPORTUNITY EMPLOYER

The Diocese of Fall River is committed to a policy of nondiscrimination and equal opportunities for all employees and qualified applicants without regard to race, color, marital status, national origin, ancestry, sex, age, disability, military status or any other characteristic or status protected by law. NOTE: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

				Date of application	/ /
Title	□ Mr.	□ Mrs.		□ Ms.	
Name					
	LAST		FIRST		MIDDLE
Address					
	STREET		CITY	STATE	ZIP CODE
Telephone # ()		_ Email		
Religion			_ Parish		
Address of Paris					
	STREET		CITY	STAT	TE ZIP CODE
Name of Pastor					
Marital Status If you are married	d, this question			d Divorce cognized as valid by the Rom	
If you are a mer	mber of a relig	ious community:			
Sister		Brother	Rev. (Re	eligious) Rev. (D	Diocesan)
Religious Comm	nunity (if appli	cable):			
Position Desired	d: Teacł	ner	LD/Resource Tea	acherSchool	Nurse
	Libra	rian	Guidance Couns	elorOther:	
Level of the pos		n you are applying: entary (PreK-5)	(Gr. 6-8) Second	dary (9-12)

Work Preference:	Full-Time		Part-Time		Substitute
Subjects/Grades Qu	alified to Teach: 1			2	
Date available for w	ork	/ /			
Are you applying for	r a position with a s	specific school?			🗆 Yes 🗆 No
If yes, please identif	fy the school and cit	ty:			
Geographic area to Fall River Taunton	□ New Bed □ Cape Cod	ng to travel: (check as ford area (refers to N l area (refers to Buzza o area (refers to Attle	ew Bedford, Acu Irds Bay, Hyannis	s, South \	
		must possess a curr cts being taught, o			ducator License for oward licensure.
Are you currently lic	censed in Massachu	isetts as a Teacher or	Administrator?.		.□Yes □No
If yes, please provid	e the following info	ormation:	Certificate nu	mber	
Issue Date			Expiration Dat	e	
Field(s) & L	evel(s)				
Туре 🗆	Temporary	□ Preliminary	🗆 Ini	tial	□Professional
If no, are you currer	ntly licensed in any	other state as a Teac	her or Administr	ator? W	hich state?
Please explain your	plan to acquiring lie	censure in MA			

Educational Background

A. List last three (3) schools attended, starting with most recent.-include name, city and state of the schools B. List dates attended C. Indicate degree or diploma earned, if any. D. Major field of study.

A. SCHOOL NAME, CITY & STATE	B. DATES ATTENDED	C. DEGREE/ DIPLOMA	D. MAJOR

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	FROM	TO		
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING	
MAY WE CONTACT FOR REFERENCE?	□ YES	□ NO		
EMPLOYER	DATES EMPLOYED	_	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	FROM	TO		
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING	
MAY WE CONTACT FOR REFERENCE?	□ YES			
EMPLOYER	DATES EMPLOYED	1	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
ADDRESS	FROM	ТО		
JOB TITLE				
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING	
MAY WE CONTACT FOR REFERENCE?	□ YES	□ NO		

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

References

Please list three employment references from previous employers and one character reference whom you will ask to submit WRITTEN and SIGNED recommendations. References should have a specific knowledge of your professional preparation and experience and/or character.

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
Employment reference	()	
Employment reference	()	
Employment reference	()	
Character reference	()	

•	Have you submitted an application here before?] Yes	🗆 No
	If yes, give date(s)		/
•	Have you ever been employed here before? 🗆] Yes	🗆 No
	If yes, give date(s)		/
•	Is it your intent to work in a school in the Diocese of Fall River for at least two years?] Yes	🗆 No
•	Are you willing to perform employment responsibilities in accordance with Catholic doctrir the teachings of the Roman Catholic Church?		
•	Have you ever, for any reason, been suspended, dismissed, or asked to resign a position?	⊐ Yes	🗆 No
•	If you are applying for a teaching, administrative, or "other professional" position, have yo teaching, administrative or other credential denied, suspended or revoked?		
	If yes, please explain:		_

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, The Diocese of Fall River will verify the status of every individual offered employment with the organization. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

- Do you have the legal right to work and remain in the United States?.....
- On an additional page, please provide your statement of interest in working in a Catholic school in the Diocese of Fall River.
- Please attach resume and attach, or forward, official transcripts from college, and if applicable, graduate school.
- Please forward four signed letters of recommendation as noted in the References section of this application.
- Please present the Pastor's Recommendation Form to your parish priest for completion and have that completed form forwarded to this office as well.

All submissions can be returned to:

Diocese of Fall River-Catholic Schools Office 423 Highland Avenue Fall River, MA 02720

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. I understand that the schools of the Diocese of Fall River do not participate in COBRA or the Massachusetts Unemployment Compensation Program. I certify that if married, my marriage is recognized as valid by the Roman Catholic Church.

It is my understanding that this employment application, or granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at -will in nature and may be terminated, with or without cause, at any time, by myself or my employer. I also understand that this written statement supersedes any and all oral representations made by the agents or representatives of this organization.

I understand that my employment is dependent upon a satisfactory, as determined by the Superintendent, criminal background investigation report and national fingerprints report.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize this organization to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form or accompanying resume shall be sufficient cause for denial of employment or discharge.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant	Date	/	/

To Be Completed at the Discretion of the Applicant

APPLICANT DATA RECORD

Applicants are considered for positions, and employees are treated during employment, without regard to race, color, sex, national origin, age, marital or military status, medical condition, disability or any other characteristic or status protected by law.

To help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. This data will be kept in a CONFIDENTIAL FILE separate from your Application for Employment and will not be considered in the hiring decision. We appreciate your cooperation.

Date:				
Position (s) applie	d for			
Referral Source:		Advertisement		Walk-in
		Employment Agen	су	Employee Referral
		Other		
Name (Last)		(First)		(Middle)
Address (Street)		(City)	(State	e) (Zip)
		AFFIRMATIVE AC	TION SURVEY	
			thnicity, disability and veto urposes only. Submission	eran status of applicants and o of information is strictly
Check one:	Male	Female		
Check one of the f Race/Eth	ollowing: nic Group:			
White	Black or Afr	rican American	Hispanic or Lating)
Asian	American li	ndian or Alaskan Native	Native Hawaiian	or Other Pacific Islander
Two or Mor	e Races			
Check one of the f	ollowing (if appli	cable):		
Vietnam Era	Veteran	_Disabled Veteran	Disabled	